



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

July 16, 1991

Mr. Richard P. Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Bldg.
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

In accordance with 42 CFR 447.253, the Kansas Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payment for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services. This amendment, MS-91-25, extends the rate payment period to September 30, 1991.

The single state agency in Kansas assures that the rates established for ICFs/MR are reasonable and adequate. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide these services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

In accordance with 42 CFR 447.253, the Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payments for long term care services in ICFs/MR. The requirements set forth in paragraphs (b) through (g) of this section are being met, the related information required by subsection 447.225 of this subpart is furnished herewith and the agency complies with all other requirements.

42 CFR 447.253(b) Findings

The State of Kansas, through this agency, does make findings to ensure that the rates used to reimburse providers satisfy the requirements of paragraph 447.253(b).

42 CFR 447.253(b)(1)(i) Payment Rates

The State of Kansas continues to pay ICFs/MR for services in accordance with a state plan formula established through consultation with representatives of the corresponding provider groups. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

Refers to MS-91-25. State Plan TN# _____

Effective Date 7-1-91
Approval Date 7-18-95

Mr. Richard P. Brummel
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42 CFR 447.253(b)(2) Upper payment limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is reasonably expected to pay no more in the aggregate for ICF/MR services than the amount that the agency reasonably estimates would be paid under the Medicare principles of reimbursement.

42 CFR 447.253(c) Provider appeals

The State of Kansas in accordance with the federal regulations and with the Kansas Administrative Regulations, provides a fair hearing, appeal or exception procedure that allows for an administrative review and an appeal by the provider as to its payment rates.

42 CFR 447.253(d) Uniform cost reporting

ICF/MR providers are required to file annual cost reports with the Medicaid agency within three months following the end of their fiscal year in accordance with Kansas Administrative Regulations.

42 CFR 447.253(e) Audit requirements

The State of Kansas performs a desk review on all cost reports within six months after receipt and provides for periodic field audits of the financial and statistical records of the participating providers.

42 CFR 447.253(f) Public notice

Appropriate public notice has been given for the changes included in this plan amendment.

42 CFR 447.253(g) Rates paid

The rates paid through the State of Kansas have been determined in accordance with methods and standards specified in an approved Medicaid State Plan.

42 CFR 447.255 Related Information

Estimated Average Rate 12/01/90	\$ 87.41
Estimated Average Rate 12/01/91	100.46
Per Diem Increase	13.05
Average Percent Increase	14.9%

Both the short-term and long-term effect of these changes are estimated to:

1. maintain the availability of services on a statewide and geographic area basis.

There are approximately 45 licensed ICFs/MR in the State. One hundred percent are also certified to participate in the Medicaid Program. Beds are available in every area of the State and close coordination with the local and area SRS offices allows the agency to keep close track of vacancies.

Refers to MS-91-25.

State Plan TN# _____ Effective Date 7-1-91
Supersedes TN# _____ Approval Date 7-18-95

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2. maintain the type of care furnished.

The type of care furnished should be maintained or improved for those recipients needing and receiving care in both the short and long term.

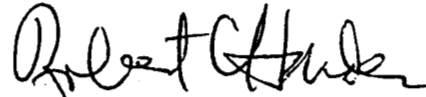
3. maintain the extent of provider participation.

The extent of provider participation should not be affected by this change. One hundred percent of the available providers are already participating in the program.

The State of Kansas, through this agency, does make assurances that its payment methodology is not reasonably expected to result in an increase in payments based solely on a change in ownership in excess of the increase that would result from application of section 1902(a)(13)(13)(C) of the Social Security Act.

Questions may be directed to Sally Adams (913) 296-3981.

Sincerely,



Robert C. Harder
Acting Secretary

RCH:JWA:brj

Refers to MS-91-25.

State Plan TN# _____ Effective Date _____
Supersedes TN# _____ Approval Date _____



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

June 26, 1991

Mr. Richard P. Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Bldg.
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

In accordance with 42 CFR 447.253, the Kansas Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payment for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services. This amendment, MS-91-14, adds material involved in the revision of the regulations for the ICF/MR program and reformats the material.

The single state agency in Kansas assures that the rates established for ICFs/MR are reasonable and adequate. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide these services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

In accordance with 42 CFR 447.253, the Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payments for long term care services in ICFs/MR. The requirements set forth in paragraphs (b) through (g) of this section are being met, the related information required by subsection 447.225 of this subpart is furnished herewith and the agency complies with all other requirements.

42 CFR 447.253(b) Findings

The State of Kansas, through this agency, does make findings to ensure that the rates used to reimburse providers satisfy the requirements of paragraph 447.253(b).

42 CFR 447.253(b)(1)(i) Payment Rates

The State of Kansas continues to pay ICFs/MR for services in accordance with a state plan formula established through consultation with representatives of the corresponding provider groups. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

State Plan TN# 91-19 Effective Date 4-1-91
Supersedes TN# 91-14 Approval Date 7-18-95

Refers to MS-91-19.

Mr. Richard P. Brummel
June 26, 1991
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42 CFR 447.253(b)(2) Upper payment limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is reasonably expected to pay no more in the aggregate for ICF/MR services than the amount that the agency reasonably estimates would be paid under the Medicare principles of reimbursement.

42 CFR 447.253(c) Provider appeals

The State of Kansas in accordance with the federal regulations and with the Kansas Administrative Regulations, provides a fair hearing, appeal or exception procedure that allows for an administrative review and an appeal by the provider as to its payment rates.

42 CFR 447.253(d) Uniform cost reporting

ICF/MR providers are required to file annual cost reports with the Medicaid agency within three months following the end of their fiscal year in accordance with Kansas Administrative Regulations.

42 CFR 447.253(e) Audit requirements

The State of Kansas performs a desk review on all cost reports within six months after receipt and provides for periodic field audits of the financial and statistical records of the participating providers.

42 CFR 447.253(f) Public notice

Appropriate public notice has been given for the changes included in this plan amendment.

42 CFR 447.253(g) Rates paid

The rates paid through the State of Kansas have been determined in accordance with methods and standards specified in an approved Medicaid State Plan.

42 CFR 447.255 Related Information

Estimated Average Rate 12/01/90	\$ 87.41
Estimated Average Rate 12/01/91	100.46
Per Diem Increase	13.05
Average Percent Increase	14.9%

Both the short-term and long-term effect of these changes are estimated to:

1. maintain the availability of services on a statewide and geographic area basis.

There are approximately 45 licensed ICFs/MR in the State. One hundred percent are also certified to participate in the Medicaid Program. Beds are available in every area of the State and close coordination with the local and area SRS offices allows the agency to keep close track of vacancies.

Refers to MS-91-19.

State Plan TN# 91-19 Effective Date 4-1-91
Supersedes TN# 91-14 Approval Date 7-18-95

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June 26, 1991
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2. maintain the type of care furnished.

The type of care furnished should be maintained or improved for those recipients needing and receiving care in both the short and long term.

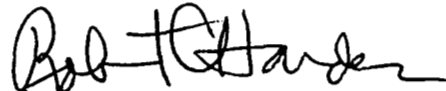
3. maintain the extent of provider participation.

The extent of provider participation should not be affected by this change. One hundred percent of the available providers are already participating in the program.

The State of Kansas, through this agency, does make assurances that its payment methodology is not reasonably expected to result in an increase in payments based solely on a change in ownership in excess of the increase that would result from application of section 1902(a)(13)(13)(C) of the Social Security Act.

Questions may be directed to Sally Adams (913) 296-3981.

Sincerely,



Robert C. Harder
Acting Secretary

RCH:JWA:brj

Refers to MS-91-19.

State Plan TN# 91-19 Effective Date 4-1-91
Supersedes TN# 91-14 Approval Date 7-18-95



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

**KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES**

DONNA WHITEMAN, SECRETARY

January 19, 1994

Mr. Richard P. Brummel
Associate Regional Administrator
for Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

CH JAN 27 AM 11:30
HHS
HCFE-MEDICAID
REGION VII

Dear Mr. Brummel:

We have received the letter FMB:TW raising questions related to Kansas Medicaid State Plan TN-92-32. Your issues concerned Assurances, Kansas Administrative Regulations and Real and Personal Property Fee. This letter will address these issues since we have now received approval for Kansas MS-92-22.

Assurances

TN 92-32 does not change the methods and standards for determining payment rates. Payment rates did not change. We would like to withdraw the assurance letter. There was a question concerning the public notice assurance. We would like to note for future reference that any time a Kansas Administrative Regulation is changed, it requires a public notice and hearing. Enclosed is a copy of the notice from the Kansas Register, Volume II, Number 31, July 30, 1992, for the regulations being updated in Exhibits A-1 through A-18.

Kansas Administrative Regulations

In submitting TN 92-32, we intended to replace the entire Subpart A, Exhibit A-1 with the new Exhibits A-1 through A-18. We intended to delete the revoked regulations that serve no purpose in the NF reimbursement methodology. Your assumption that we intentionally did not include them in the new Exhibits is correct.

Mr. Richard P. Brummel
January 19, 1994
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Real and Personal Property Fee

To correct typographical errors in Subpart G, Exhibit C-2, Value Factor Ranges and Subpart L, Real and Personal Property Fee Rebasing, we submit the attached replacement pages.

If you have questions, please contact Tina Hayes at (913) 296-8531.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna L. Whiteman", with a long horizontal flourish extending to the right.

Donna L. Whiteman
Secretary

DLW:RLE:TAH:pm

Attachments

cc: Steve Otto



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

**KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES**

DONNA WHITEMAN, SECRETARY

December 21, 1992

Mr. Richard P. Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

In accordance with 42 CFR 447.253, the State Department of Social and Rehabilitation Services of Kansas submits the following assurances related to Kansas Medicaid payment for long term care services in nursing facilities (NFs) and NFs/Mental Health (MH). The requirements set forth in paragraphs (b) through (g) of this section are being met, the related information required by subsection 447.225 of this subpart is furnished herewith and the agency complies with all other requirements.

42 CFR 447.253(b) Findings

The State of Kansas, through this agency, does make findings to ensure that the rates used to reimburse providers satisfy the requirements of paragraph 447.253(b).

42 CFR 447.253(b)(1)(i) Payment Rates

The State of Kansas continues to pay nursing facilities and NFs/MH for long term care services in accordance with a state plan formula established through consultation with representatives of the corresponding provider groups. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

In accordance with Title 42, Section 447.253 (b)(1)(iii) with respect to nursing facilities the State of Kansas assures that:

- (A) Except for preadmission screening for individuals with mental illness and mental retardation under Section 483.20(f) of Chapter IV, the methods and standards used to determine payment rates take into account the cost of complying with the requirements of Part 483 Subpart B of Chapter IV;

Refers to MS 92-32

Mr. Richard Brummel

December 21, 1992

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- (B) The methods and standards used to determine payment rates provide for an appropriate reduction to take into account the lower costs (if any) of the facility for nursing care under a waiver of the requirements in Section 483.30(c) of Chapter IV to provide licensed nurses on a 24-hour basis;
- (C) The state of Kansas establishes procedures under which the data and methodology used in establishing payment rates are made available to the public.

42 CFR 447.253(b)(2) Upper Payment Limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is reasonably expected to pay no more in the aggregate for nursing facility services than the amount that the agency reasonably estimates would be paid under the Medicare principles of reimbursement. There are no state operated nursing facilities. Therefore, 447.272(b) does not apply.

42 CFR 447.253(c) Provider Appeals

The State of Kansas in accordance with the federal regulations and with the Kansas Administrative Regulations, provides a fair hearing, appeal or exception procedure that allows for an administrative review and an appeal by the provider as to its payment rates.

42 CFR 447.253(d) Uniform Cost Reporting

Nursing facility and NFs/MH providers are required to file annual uniform cost reports in accordance with Attachment 4,19-D, Part I, Methods and Standards for Establishing Payment Rates.

42 CFR 447,253(e) Audit Requirements

The State of Kansas performs a desk review on all cost reports within six months after receipt and provides for periodic field audits of the financial and statistical reports of the participating providers.

42 CFR 447,253(f) Public Notice

Appropriate public notice has been given for the changes included in plan amendments when significant changes are proposed to methods and standards for setting payment rates.